

# Mark-to-Market HUD-Held Restructuring Summary

Form 7.12

Date: \_\_\_\_\_ Scheduled Closing Date: \_\_\_\_\_

The PAE must submit this form to OMHAR HQ Closing Team via fax two days prior to closing. On closing day, the Closing Escrow Agent must fax to the OMHAR HQ Closing Team a copy of the mortgage restructuring note and mortgage, the contingent repayment note and mortgage, the final sources and uses (Exhibit F), a copy of the property tax bill and final settlement statement.

The following information must be consistent with Restructuring Commitment.

## I. Property Information:

Existing FHA Number: \_\_\_\_\_

Property Name:

Address:

Older Assisted or Newer Assisted: O or N Existing Section of the Act:  
(Circle one)

HUB Office (address):

Owner's Name:

Address:

Phone:

Fax:

Project's Management Co.:

Billing Address:

Contact Person:

Phone:

Fax:

Existing Mortgagee Name: U.S. Department of Housing and Urban Development

Contact Person: OMHAR HQ Closing Team

Phone: 202 708 0001 x3783

Fax: 202 708 5755

New Mortgagee Name:

Contact Person:

Phone:

Fax:

Closing Escrow Agent:

Contact Person:

Phone:

Fax:

Post Closing Rehab Escrow Contractor (Cash Manager):

Contact Person:

Phone:

Fax:

Post Closing Rehab Escrow Contractor (Administrator):

Contact Person:

Phone:

Fax:

## II. Information from Owner's Most Recent Monthly Bill:

Does the bill indicate that final settlement is still pending?

Unpaid Principal Balance \$\_\_\_\_\_ Accrued Interest \$\_\_\_\_\_

Escrow Balances: Taxes \$\_\_\_\_\_ Hazard Insurance \$\_\_\_\_\_

Residual Receipts \$\_\_\_\_\_ Reserve for Replacement \$\_\_\_\_\_

If accrued interest is not paid at closing, what is disposition?

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## III. HUD Held Loans (post-restructuring):

Ranking (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> ) show below	Type	Amount
	Mortgage Restructuring Note	\$
	Contingent Repayment Note	\$
	Total Amount	\$
<b>Comments:</b> (If Residual Receipts or Reserve for Replacements will be used to pay down existing balance, so state and provide dollar amount)		

## IV. Restructured Loan Information (must check one):

<input type="checkbox"/> Modified \$_____ (new principal balance)	<input type="checkbox"/> Refinanced with FHA Loan \$ _____ New FHA# _____ Section of the Act:
<input type="checkbox"/> Paid In Full (no takeout financing)	<input type="checkbox"/> Refinanced with Non-FHA Loan \$ _____

<b>Take-out financing (or modified loan amount) plus Mortgage Restructuring Note =</b> <b>\$_____ (Note: Total cannot exceed current UPB)</b>
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**V. Post-Closing Escrow Accounts**

Initial Deposit to Reserve for Replacement Account (IDRR) \$\_\_\_\_\_ Taxes: \$\_\_\_\_\_

Residual Receipts \$\_\_\_\_\_ Hazard Insurance \$\_\_\_\_\_

Monthly Deposit for Reserve for Replacement Account \$\_\_\_\_\_

**VI. OMHAR Contact Information:**

Relationship Manager:\_\_\_\_\_ Phone:\_\_\_\_\_

Regional Closing Coordinator :\_\_\_\_\_ Phone:\_\_\_\_\_

<b>OMHAR Regional Directors:</b>		
Chicago	Harry West, Acting	(312) 886-4133
Washington, D.C.	John Prusch	(202) 260-2746
New York	Norman Dailey, Acting	(212) 822-8900
San Francisco	Mary Anne Cottmeyer	(415) 436-8550
Transaction Center	Donna Rosen	(202) 260-2746

*(When applicable, insert Acting Regional Director's name)*

**VI. Management Certification:**

A Management Certification IS IS NOT (circle one) required in this transaction. Attach copy, if applicable.

**VII. Certification:**

I hereby certify that the above information is consistent with the Restructuring Commitment and the mortgagee's information.

Signature:\_\_\_\_\_

Name:\_\_\_\_\_

OMHAR Regional Director

